

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041639
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 685

VS 300
Rev. 4/59

6109

20109

3

4 2

5 2

6

7 0

8 1

9581.0

10

11

121-0

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|--|---|--|---|
| 1. FILED DEC 10 1962 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Brane</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>Brane</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u> | | c. CITY OR TOWN <u>Columbia</u> | |
| Length of stay in lb <u>23 yr.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Brane County Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>1150 Webster</u> | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>LUTHER</u> Middle <u>WALKER</u> Last <u>WALKER</u> | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>3</u> Year <u>1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug. 11-1889</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Architect</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Remick, Inc.</u> | |
| 13a. FATHER'S NAME <u>Sam Walker</u> | | 13b. MOTHER'S MAIDEN NAME <u>Indie Carter</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>no</u> | | 17. INFORMANT <u>A. Kathleen Warren, Columbia, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cirrhosis of Liver</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | |
| 21. I attended the deceased from <u>Nov 10, 1962</u> to <u>Dec 3 1962</u> and last saw her/him alive on <u>Dec 3 1962</u> Death occurred at <u>430 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Richard MD</u> | | 22b. ADDRESS <u>Prof. Bldg. Columbia Mo</u> | |
| (Degree or title) | | 22c. DATE SIGNED <u>12/6/62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Dec. 7, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Madison</u> | |
| 24. FUNERAL DIRECTOR <u>Mrs. Stuart Parker, Columbia, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Dec. 6 1962</u> | |
| ADDRESS | | 26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harold Warren

Licensed Embalmer No. 5203

P. O. Address 1313 Grand Cal. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.